



European Monitoring Centre
for Drugs and Drug Addiction

**EMCDDA Meeting on the Key Indicator
General Population Surveys (GPS)**

19-20 September 2016 - Lisbon

Compilation of National Abstracts

**Recent developments concerning the Key Indicator in the Member States,
Norway and Turkey**

Recent developments concerning the GPS Key Indicator in Austria

GPS/Survey data results

No emerging trend in addition to the information provided in the 2016 workbook

Meeting preparation

- Year of the next national GPS survey in your country? **probably 2019**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **perceived availability was not used in the GPS data collection of 2015, but in the GPS data collection of 2008**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes. Questions on NPS include: Lifetime prevalence, 12-month prevalence, last-month prevalence, frequency of use in the last 30 days, kind of NPS used in the last 30 days.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **yes, all core questions but no optional questions were used.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **maybe more focus on targeted populations?**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views **in my experience skype conference calls are time-consuming and ineffective; for me email communication works best.**
- Other I couldn't find the EMQ module on NPS on the EMCDDA homepage. The link to the handbook in the GPS section is not working and if you use the search option for the whole homepage, results only display a probably outdated version of the handbook (2002), which doesn't include questions on NPS.

Recent developments concerning the GPS Key Indicator in Belgium

GPS/Survey data results

The last Belgian national Health Interview Survey (BHIS) including questions on illicit drug use took place in 2013. The data were reported through the national reporting of 2014 and 2015 by the NFP, and hence, no new results are available. Globally, the GPS results showed that the prevalence of cannabis and other illicit substances users has stabilised in Belgium over the past decade (2004-2013).

Meeting preparation

- Year of the next national GPS survey in your country? **2018**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **No, Perceived availability is not included in the BHIS**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **The module on NPS is not included in the BHIS, but there is one question addressing the use of NPS in the past 12 months**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **The BHIS has opted to measure alcohol consumption using the European "EHIS" questionnaire (Eurostat), which is shorter and more appropriate for inclusion in a (general) health survey than the lengthy and complex RARHA-questionnaire. However, two questions are very similar in both questionnaires (i.e., the generic frequency of alcohol consumption and the frequency of RSOD). Moreover, a question regarding the time-period in which 6 drinks are usually consumed (if ever) was taken from the RARHA and included in the BHIS.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **As regard to the development of the GPS indicator in the Belgian context, a major advancement would be to organise a specific 'stand-alone' survey on substance use and addictions. Indeed, the BHIS does not offer the opportunity to extend the number of questions dedicated to substance use, nor to change the existing questions as this would disrupt the analysis of time trends. Moreover, the small number of drug users (i.e. drugs other than cannabis) captured in the general population plays against pleading for extensive questioning on this topic in the BHIS.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? **Currently, many options are already at hand to exchange on knowledge through and with the Reitox network and collaborating experts (e.g. extranet, forum,...). Increasing the number of options might result in scattered information or even demotivation of experts to keep up with the different ways of on-going communication. However, there are some opportunities for improving the regularity of timings throughout the year in which the expert communion is "challenged" to exchange thoughts: currently, one general GPS meeting is organized a year. It might be stimulating for the experts when the network is also addressed for smaller timings of updates from EMCDDA or specific experts (e.g. at the timing of the EDR, at the timing of other EMCDDA releases, at the timing of relevant publications,...). The forum is certainly useful for this, but the communication needs management (preferably by EMCDDA).**
- Other **No other comments.**

Recent developments concerning the GPS Key Indicator in Bulgaria

GPS/Survey data results

There is an Increase in the use of new psychoactive substances, especially among young people, thus a specialized methodological approach should be prepared.

Meeting preparation

- Year of the next national GPS survey in your country? **2016 (September-November)**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes/Yes**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes/Yes**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Yes, the questionnaire includes alcohol use (EMQ module), but not issuing by the RARHA project.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **In the medium term: Unification of years of data collection to achieve a better comparison between countries. Preparation of Guidelines for online survey regarding recruitment and representation to the general population. In the long term: Making a connection between general population surveys and school surveys.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views **OK, web platform it's better and more convenient for communication in the expert network.**

Recent developments concerning the GPS Key Indicator in Croatia

GPS/Survey data results

In 2015 a new GPS and ESPAD survey were conducted and the data will be presented in the 2016 workbooks and ST1 and ST2. Data on HBSC survey (2013/2014 – data available in 2016) will also be presented in the ST2 and workbooks.

Meeting preparation

- Year of the next national GPS survey in your country? **2019**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Questions on perceived availability were included in both GPS surveys (2011, 2015), but not the voluntary EMCDDA module. From this module, a Q6 was included in the surveys.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes, EMQ module on NPS was included in the last general population survey.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No. Questions on alcohol were from the EMQ, and some additional questions were added.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **Broadening the number of questions on legal psychoactive substances, as well as including some aetiological questions. Long term way forward should be focusing on all psychoactive substances and other addictive behaviours (coherent approach).**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views **Skype conference calls might be a good way of improving expert network.**
- Other **Webinars on specific topics / methods could be useful.**

Extended mailing list

Experts involved in the general population surveys:

- **Renata Glavak Tkalić, PhD**, Institute of Social Sciences Ivo Pilar; leader of the project on Substance abuse in the general population of the Republic of Croatia and the first author of the report "Substance use in Croatian society: a general population survey" (Glavak Tkalić, R., Miletić, G.-M., Maričić, J. (2016). Uporaba sredstava Ovisnosti u hrvatskom društvu: istraživanje na općoj populaciji. Zagreb: Institut društvenih znanosti Ivo Pilar i Ured za suzbijanje zlouporabe droga Vlade RH). Contact: Renata.GlavakTkalic@pilar.hr; +385 98 98 14 022; +385 1 48 86 814.
- **Geran-Marko Miletić, PhD**, Institute of Social Sciences Ivo Pilar; co-author of the report "Substance use in Croatian society: a general population survey". Contact: geran@pilar.hr, +385 91 79 82 483.
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Recent developments concerning the GPS Key Indicator in the Cyprus

GPS/Survey data results

No

Meeting preparation

- Year of the next national GPS survey in your country? **2019**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, we collect data on perceived availability using the EMCDDA module.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes, the EMQ module on NPS was included in the most recent general population survey (2016). Additional, the EMQ module was also included in a quantitative research (New psychoactive substances: Building knowledge and evidence based training through research) conducted in 2015 under the ISEC programme co-funded by the EU www.iseccyproject.com.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Yes. 1) RAPS – Rapid Alcohol Problems Screen and 2) AP section – Attitudes to alcohol policy.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **The GPS indicator should further develop the monitor of the misuse of licit medicines.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **A special category in technical cooperation community forum (iris) would be very useful.**
- Other

Recent developments concerning the GPS Key Indicator in Czech Republic

GPS/Survey data results

Based on the results of general population surveys in adult population, no significant changes have been observed recently – cannabis has remained the most frequently used illicit substance both in lifetime and last 12 months, the use of other illicit substances has remained relatively low. Prevalence rates have been higher among young adults (aged 15-34), in the last years, a slight increase in cannabis use has been observed in 15-19 year-olds. As regards the adolescent population, recent school surveys (e.g. HBSC and ESPAD) have shown a decline in tobacco smoking and alcohol consumption, both in terms of prevalence of smoking and alcohol drinking in lifetime, last 12 months and last 30 days, and in terms of frequent/daily smoking and risky forms of alcohol consumption. The prevalence of cannabis use in adolescent population has been slightly declining which is in line with the trends observed already between 2006/2007 and 2010/2011

Meeting preparation

- Year of the next national GPS survey in your country? **2016 – a) large scale GPS conducted every 4 years on randomly selected sample of population aged 15+ focusing primarily on substance use and gambling will be carried out in October/November 2016, b) annual omnibus survey with drug-use questions will be carried out in Autumn 2016 (date will be specified later)**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **We routinely include questions on subjectively perceived availability of all the illicit drugs that are included in the questionnaire. In 2008, the whole EMCDDA module on availability was used, in 2012 only selected questions were included, mainly questions related to cannabis use.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **We ask questions on NPS in annual omnibus survey, and we asked NPS in large-scale GPS conducted in 2012. However, we did not use the recommended EMCDDA module. In 2016 survey, the questions should be compatible with the EMCDDA module.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No – we do not ask beverage-specific questions in GPS. Some alcohol-related questions included in the last EHIS study might be compatible with RARHA project questions; however, recent studies did not use specific questionnaires for males and females.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **Routine monitoring of the situation based on the existing indicators of prevalence in different time horizons, focusing more on frequent/intensive consumption and risky forms of consumption.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Web platform**

Recent developments concerning the GPS Key Indicator in the Denmark

GPS/Survey data results

The last GPS in the adult general population was carried out in 2013. The results from that survey showed that use of cannabis still is the most prevalent drug in Denmark. In all, 45.9 % of the population in the age group 16-34 years have ever used cannabis and 17.6 % have used it within the past year. In all, 23.9 % have used cannabis during the last year among 16-24 year olds. In all, 2.4 % have used cocaine during the last year and 1.4% have used amphetamines in this age group. As far as experimental drug use is concerned, the past years' national population surveys generally suggest a stabilized level in the use of cannabis as well as other illicit drugs. However, the most recent survey indicated that the prevalence of current (within in the past year) cannabis use have increased in the period 2010-2013. For example, the prevalence increased from 13.5% in 2010 to 17.6 % in 2013 in the age group 16-34 years (and from 18.9 % to 23.9 % among 16-24 year olds).

Meeting preparation

- Year of the next national GPS survey in your country? **2017**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **No**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **No**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No (the last GPS was carried out before the launch of the RARHA project)**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **We need some more time to think this over**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **We need some more time to think this over**

Recent developments concerning the GPS Key Indicator in Finland

GPS/Survey data results

None.

Meeting preparation

- Year of the next national GPS survey in your country? **2018**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **The question concerning perceived availability was included in the Finnish GPS survey for the first time in 2014. The EMQ module was used with a slight modification.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **The Finnish GPS survey includes only the questions concerning LTP, LYP and LMP of certain NPS (MDPV in 2010; synthetic cathinones, syntetic cannabinoids, and mephedrone in 2014).**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No.**
- What do you think should be the way forward for the GPS indicator in the medium and long term?
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **The meetings in the EMCDDA with all the experts present are good since it gives a possibility to meet and talk to people face-to-face. Therefore, these meetings should be continued. But, in addition to that, some regular skype conference calls might be a good idea.**

Recent developments concerning the GPS Key Indicator in Germany

GPS/Survey data results

We do not have data to report which will not be included in the 2016 workbooks.

Meeting preparation

- Year of the next national GPS survey in your country? **2018 (Epidemiological Survey of Substance Abuse)**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Availability of illicit drugs and alcohol (beverage-specific) is assessed among 15-16 year olds in the ESPAD study (last survey year 2015; participation of Bavaria only). The EMCDDA module is not used. In the German adults GPS, data on perceived availability are not routinely collected.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **We included the EMCDDA module on NPS in the 2015 Epidemiological Survey of Substance Abuse. General prevalences will be published end of October 2016. Detailed information including regional distribution will be published in early 2017.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No. However, several questions from the Epidemiological Survey of Substance Abuse are comparable.**
- What do you think should be the way forward for the GPS indicator in the medium and long term?
 - **In order to further develop the picture of drug use in a population and harms resulting from it, data on risk populations which cannot be reached by GPS should be integrated**
 - **The challenge of decreasing response rates in GPS should be discussed and ideas and creative strategies to circumvent this problem should be encouraged.**
 - **The harmonisation of GPS data from different countries could consider methodological and design aspects to a greater extent. Especially, mode of administration, calculation of response rates, the context of the survey and sampling are important issues that pose challenges for harmonisation and comparability.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **The web platform is a good means of providing information. Maybe, regular newsletter with recent news and information could be implemented (national experts could provide information for this).**

Recent developments concerning the GPS Key Indicator in Greece

GPS/Survey data results

New data on drug use in the general population is available from the Greek leg of the Standardised European Alcohol Survey (SEAS). SEAS -- a nationwide general population survey using CATI methodology-- was implemented in May 2015 as part of the European Joint Action on Reducing Alcohol Related Harm (RARHA). Although focused on alcohol use and related harms, the Greek leg of the survey included baseline measures for illicit drug use. Results and analyses of data pertaining to illicit drug use are pending.

Meeting preparation

- Year of the next national GPS survey in your country? **Not specified. Subject to funding availability.**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **NPS use was measured indirectly, that is as a possible "other substance", but not with the use of the EMQ module.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **The RARHA project was implemented in Greece in 2015.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **1) Grade EMQ modules and items so as countries can use smaller, commonly agreed versions of the EMQ. 2) Identify best practice for making communities more open to participation to GPS. 3) Identify best practice for making funders being keen on trusting money on GPS (e.g., ways to improve visibility of results).**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Create a twitter (or FB) account that could alert the network on (new) published information pertaining to survey methodology and national data.**

Extended mailing list

- crichard@panteion.gr

Recent developments concerning the GPS Key Indicator in Hungary

GPS/Survey data results

Synthetic cannabinoid use is widely spread in socially disadvantaged neighborhoods. This is qualitative information, and will be included in NR2016.

Meeting preparation

- Year of the next national GPS survey in your country? **No information, depends on financing. In ideal case it would be 2019.**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, yes**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **It would be very useful to have comparable data on adult population across Europe. As it works with ESPAD data. GPS indicator should support such a data collection system in the adult population.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Email communication is sufficient.**

Recent developments concerning the GPS Key Indicator in Ireland

GPS/Survey data results

See abstract below.

Meeting preparation

- Year of the next national GPS survey in your country? **The most recent survey has just been completed 2014/2015 by IPSOS MRBI**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **No**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Not sure**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **N/A**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **N/A**

Recent developments concerning the GPS Key Indicator in Italy

GPS/Survey data results

Policy development

A draft law is being discussed at the Italian Parliament about legalization of cannabis cultivation and sale. The bill proposes a state monopoly on cultivation and sale, allowing registered citizens to grow five female plants. Citizens would be permitted to carry 5g of cannabis product or possess 15g in a private home. It also allows non-profit cannabis growers' clubs. The bill has been deposited and is currently under the exam of the joint parliamentary commission Justice and Social Affairs, which is conducting a round of hearings to get experts' views on relevant technical, juridical and scientific issues. The parliamentary vote is foreseen in Autumn 2016.

Meeting preparation

- Year of the next national GPS survey in your country? **2017**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, using EMCDDA module**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **No**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **It could be possibly evaluated the opportunity to extend the monitoring activity to other forms of addiction (behavioural addictions) which nowadays are growing phenomena in Europe.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **The added value of setting up a web platform, with respect to conference calls, is to better allow to exchange views among experts, also remotely, and stock information.**

Recent developments concerning the GPS Key Indicator in Latvia

GPS/Survey data results

In 2015 a total 9.9% of respondents (12.5% in 2011 and 12.1% in 2007) reported ever having used cannabis during their lifetime. The lifetime prevalence rate was 2.5% for ecstasy (2.7% in 2011 and 4.7% in 2007), 2.0% for amphetamines (2.2% in 2011 and 3.3% in 2007). In general the use of illicit substances has reduced and returned to the level of 2003. Use of traditional illicit substances and new psychoactive substances (NPS) in 2015 was higher in younger age groups than among those aged 35 and older. In 2015 some 2.8 % of respondents indicated that they had tried NPS, such as 'Spice' or similar mixtures (2.5% in 2011). According to national Early Warning System data number of NPS seizures has decreased in 2015 if compared to 2014; 1387 seizures in 2014 and 735 seizures in 2015 accordingly. The most seized group of NPS remain synthetic cannabinoids (n=402), however there is a sharp increase in the seizures of so called "other drugs" (n=228). This number of seizures consists of 116 carfentanil seizures (or carfentanil in a mixture with heroin), 92 tramadol seizures and 20 fentanyl and 3-methylfentanyl seizures. In general there is an increase in the seizures of synthetic opioids

Meeting preparation

- Year of the next national GPS survey in your country? **2019**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, general population survey is made in every four year. EMCDDA module is used.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes, but as possible answers were only two – Yes or No, without Don't know/not sure (for questions about lifetime use, last 12 months and last 30 days use)**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Yes**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **It would be good to keep the current activities**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Web platform is good idea and could work. It could be good if this platform would be connected somehow with the e-mail to receive all newest updates there.**

Recent developments concerning the GPS Key Indicator in Lithuania

GPS/Survey data results

There are no new information

Meeting preparation

- Year of the next national GPS survey in your country? **2016**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **GPS carried out every 4 years in Lithuania. Yes, we use the EMCDDA module.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **We do not use EMQ module on NPS in recent survey, which was conducted in 2012, but we include this NPS module in 2016 GPS.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No, we do not included questions on alcohol developed by the RARHA.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **More linking with other indicators**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Web platform**

Recent developments concerning the GPS Key Indicator in Luxembourg

GPS/Survey data results

Until 2016, no large-scale (representative) general population survey on drug use has been conducted at the national level. Several community or targeted population surveys, however, allow estimating current prevalence. Latest data available from the serial HBSC study (published in 2012) show a stabilisation of lifetime and last 12 months prevalence rates of illicit drug use in youngsters aged between 12 and 18 years. Last 12 months prevalence of cannabis use in youngsters aged 12 to 18 years show a clear decrease between 2002 and 2006 and continue decreasing between 2006 and 2010. Last 12 months heroin and cocaine use has been showing an overall stagnation in 13 to 17 years old children between 2006 and 2010 whereas ATS, LSD and magic mushrooms consumption in youngsters has sensibly decreased over the same period. A more detail analysis reveals that the age category of 16 years old youngsters is the only to show increasing use for cocaine, whereas cocaine use in 15 years old is even decreasing. Also, a higher proportion of 15 years old students report repeated lifetime drunkenness when compared to the data from 2002 (HBSC, 2002). The NFP managed, however, to agree with members of the national epidemiological working group on health behaviour on the necessity to include illicit drug use in the national version of EHIS (European Health Interview Survey). A data protocol inspired by the EMQ – EMCDDA module has been approved and tested. Special attention was also paid to new psychoactive substances and related questions were included in the EHIS questionnaire. Results of the EHIS survey were not yet available at the time of writing of the present abstract but will be reported during the 2016 EMCDDA reporting exercise.

Meeting preparation

- Year of the next national GPS survey in your country? **2016**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Eurobarometer flash surveys' are used in this context**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Not specifically**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **New/additional funding or co-funding mechanisms**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Currently no additional national needs in that respect**

Recent developments concerning the GPS Key Indicator in Malta

GPS/Survey data results

There is no new information pertaining to this question.

Meeting preparation

- Year of the next national GPS survey in your country? **Our country redoes the GPS every 10 years or so. That would be in 2023 or the following year.**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes using the EMCDDA module.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **It was included in the 'other drugs' section. We have included questions directly related to NPS and the question also has a section which attempts to explain the meaning of NPS to responding participants.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Yes alcohol questions were included.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **We would be working as per usual for a next GPS in the future. No plans are envisaged for the medium term.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **It would be ideal if communication is kept through emails and through the portal, including the NFP in discourse and implementation.**

Recent developments concerning the GPS Key Indicator in Netherlands

GPS/Survey data results

In the Netherlands, the General Population Survey in 2015 pointed at a minor increase in last month prevalence of ecstasy use and cannabis compared to 2014. For ecstasy, this increase seems to point at a continuation of a more general trend (increased popularity). Due to a change in methodology GPS data from before 2014 are not comparable to those of 2014 onwards, but the size of the prevalence difference suggests an increase between 2009 and 2014 as well, which is substantiated by other sources (e.g. surveys among party and club populations). Another trend is the increased popularity of 4-Fluoramphetamine or 4-FA, which appears from different sources, like the big nightlife survey in substance use among attenders of parties and clubs in 2016, the Amsterdam Antenna survey, data from the market monitor DIMS and the Monitor drug-related emergencies.

Meeting preparation

- Year of the next national GPS survey in your country? **2016 (annually: basic data on core prevalence indicators, i.e. last month, last year life time prevalence and some additional questions on cannabis use. In 2016 a parallel representative population survey is conducted, allowing a more detailed assessment of substance use (patterns), including illicit drug use and use of NPS. This additional survey will be conducted every four years.**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **No**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **In the 4-yearly in depth survey we ask for the last year prevalence of Mefedron (meow meow, 4-MMC), Spice (synthetic cannabis), 4-Fluoramphetamine (4-FA, 4-FMP, Flux), Methoxetamine (MXE, Mexxy), 6-APB (Benzo Fury). Other: users are asked if they ever bought the drugs on internet (Yes, No).**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **To improve and update knowledge about the impact of methodological differences on prevalence estimates within and between countries. To look for ways to improve representative data on consumption patterns (oversampling younger age groups etc. Enhance insight into reliability of self-report data and degree of underreporting (e.g. cross-validating with other sources and methods, like WWA,)) and develop joint pilot studies.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **A web platform, including all relevant information and activities, calls for cooperation on projects may help to improve communication. Working together on projects, and having a clear aim is also important.**

Recent developments concerning the GPS Key Indicator in Norway

GPS/Survey data results

No evident new trends over the last months, but it could be noted that the seizures of cannabis have been record high during the first half of 2016, something that could (but not necessarily) indicate increased demand. There have also been recent local reports (mainly police and the media) on drug use at music festivals, mainly of cannabis and MDMA.

Meeting preparation

- Year of the next national GPS survey in your country? **2016 (annual national GPS)**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **No**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Questions on NPS have been included in the recent surveys (since 2012). The survey currently contains questions on lifetime prevalence and last year prevalence, equivalent to Q1 and Q2 in the voluntary EMQ module. Additionally, a question on type/name of substance ever used is included in our GPS (distinguishing synthetic cannabinoids, cathinones and other substances, so similar purpose to Q3, only ltp).**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **To carry on focusing on comparability, not only in the development of new measurements, but in sampling procedures and the well-established modules.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Communication through a web platform seems more suitable/efficient than regular skype conference calls.**

Recent developments concerning the GPS Key Indicator in Poland

GPS/Survey data results

We haven't noticed such trends

Meeting preparation

- Year of the next national GPS survey in your country? **The GPS survey will be conducted at the turn 2018/2019**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, we collect data on perceived availability and we use the EMCDDA module.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes, we've included questions about NPS in the last GPS survey. We use the EMCDDA module.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **The in-depth analysis on the NPS and estimation of the frequent and high-risk cannabis users ought to be carried out under the GPS Study.**

Recent developments concerning the GPS Key Indicator in Portugal

Meeting preparation

- Year of the next national GPS survey in your country? **2016/2017**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, we collect data on perceived availability. Yes, we plan to use the EMCDDA module**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes, we included a EMQ on NPS on our last general population survey, but not the EMCDDA module.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Yes**

Recent developments concerning the GPS Key Indicator in Slovakia

GPS/Survey data results

NFP has appointed four external experts to analyse different aspects/ qualitative and quantitative/ of population survey (database of GPS 2015 (national sample of 8 029 15-64 aged respondents) and database of ESPAD 2015 school survey (national sample 10033 15-20 years students). Some partial data will be introduced in WB Drugs 2016, as additional info/comments. Final outputs of study/studies are expected by the end of year and will be published via web site www.infodrogy.sk.

Meeting preparation

- Year of the next national GPS survey in your country? **2017 (at least in 2018)**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, since the first "harmonised" SK GPS Q. in 2010, and in recent GPS 2015**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes, it is EMCDDA module plus additional Qs, regarding subjective motifs of NPS use, and adverse health symptoms experienced by NPS users subjectively**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No, questions on alcohol are based on EMQ original alcohol module (2002) plus additional questions similar to ESPAD Qs. Principal Investigator of ESPAD in SVK cooperated with NFP (GPS working group) and he is one of experts appointed (see point 1) for comparative study /analyse of the same age (15-20 years) groups from both samples regarding risky form of alcohol consumption (binge drinking, CAGE screening scale, plus marijuana...)**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **Little bit afraid... Our GPS Q was/is quite long and respondent's time consuming, no doubts about "big" finances for fieldwork agency on one side, anyway huge amount of data what can be analysed ex post in different relations/correlations is the benefit No 1.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Web platform – interactive would be ok**

Recent developments concerning the GPS Key Indicator in Slovenia

GPS/Survey data results

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Meeting preparation

- Year of the next national GPS survey in your country? **2018**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **No**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **No**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **In GPS 2011-2012 we used questions developed by the SMART project.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **Updating the GPS questionnaire and methodology to improve comparability.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Web platform.**

Recent developments concerning the GPS Key Indicator in Spain

GPS/Survey data results

We haven't observed new or emerging trends related to drug use in Spain. About new developments, what we've been doing is crossing the information obtained in GPS with other indicators such as DRAE or HRDU, and also we have included new modules on the GPS survey to try to get a better understanding of some drug consumptions such as cannabis use. For cannabis we have introduced some questions to try to know better what do consumers use whether it is resin or herb or if they mixed it with tobacco, and how many joints do they consume on average. We have also tried to take a close look at the hypnotosedatives consumption asking questions about the reasons of their consumption, whether it is prescribed by a doctor or not, and the type of hypnotosedatives they use more frequently.

Meeting preparation

- Year of the next national GPS survey in your country? **2017**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **We collect data on perceived availability of different drugs such as cannabis, heroin, cocaine, hallucinogens, ecstasy, GHB, amphetamines, magic mushrooms, ketamine, and hypnotosedatives with or without prescription. And we use the EMQ for our GPS' survey.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Since 2010 the NPS module has been included in our students' surveys and since 2011 in our GPS' survey. We've used the EMCDDA module including some other questions such as age of first consumption or if they have obtained them by online purchase. In previous surveys risk perception and perceived availability of NPS was also asked.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **The RSOD_1, RSOD_2 and RSOD_3 questions for men and for women and the DR_1 question have been included in the GPS' survey EDADES 2015.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **We should try improve teamwork and sharing information among countries.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **We think the annual meeting in Lisbon is very important and useful. About skype and conference calls there are often problems with connection, but it may improve over time.**

Recent developments concerning the GPS Key Indicator in Sweden

GPS/Survey data results

Lately there have been reports in the media about NPS use, in particular different versions of fentanyl that have been related to deaths. It is mainly about fentanyl preparations sold as a nasal spray. Since we do not have any data specifically on NPS use for the general population it is not possible to determine just how big the use actually is or if the media is mainly reporting on it because of the deaths related to it, emphasising the dangers of fentanyl. This media attention also brings up the drug market found online since that is where the fentanyl seems to have been bought for some of the cases. Other than that there are not any emerging trends that are not already mentioned in the Drugs workbook.

Meeting preparation

- Year of the next national GPS survey in your country? **2016**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **No, not in the GPS**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **No, not in the GPS**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **Before any further development of what the Indicator asks for in terms of data, I believe it is important to help countries catch up to each other so that we can all have some sort of common starting position before further data and analysis is required. The comparability of the country data is paramount for the indicator. In Sweden we have just started having questions about use of other drugs than cannabis in the national public health survey, the analysis of the drugs part is in its starting stages and needs the full attention.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **A web platform (similar to the restricted GPS site already set up) sounds like a good idea to keep everyone posted of new developments/information. Maybe with some form of alert system via email when something new is posted, automated perhaps? I would prefer this to regular skype meetings as I feel that meetings over skype can be hard to get a grip of, especially if there are multiple people involved. There is always issues with sound and video and I feel that it could be hard to achieve a proper meeting structure and make sure that everyone gets the information right. However, a skype meeting once in a while would be fine, as long as it is not the only information source.**

Recent developments concerning the GPS Key Indicator in Albania

GPS/Survey data results

The information available does not indicate any new developments on the drug use patterns in Albania. The information is routinely collected and provided by the National Addictology Center, and NGOs providing harm reduction services and Methadone Maintenance Therapy (MMT).

Repeated surveys among school-age children (ESPAD, HBSC, YRBS) and adults (Bio-BSS and GPS) suggest similar trends of drug use among different population groups, of course with slight or more considerable fluctuations of specific drug use prevalence by population groups. The general trend of substance use (including alcohol and tobacco), in descending order of prevalence, is as follows: alcohol, followed by tobacco, and then marijuana, sedatives, ecstasy, cocaine, heroin, amphetamine, while a very small prevalence of other types of drugs is reported.

Meeting preparation

- Year of the next national GPS survey in your country? **The first GPS survey in Albania was conducted in 2014. The next round is planned for 2019.**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes, data available from the last GPS, using the EMCDDA module.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **No, the voluntary EMQ module on NPS was not included in the GPS survey carried out in Albania in 2014.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No questions from the RARHA project were included in the GPS conducted in Albania in 2014.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **The general population survey on drug use should be conducted regularly in Albania, as it provides the most accurate information about the nature and the extent of the drug phenomenon. On the other hand, limited possibilities and financial restrictions in the Albanian context should be also taken into account, which means that the continuity of the funding of the survey is a serious concern. For this reason, the policymakers and decision-makers in Albania may also consider the scenario of “minimal single survey”, or “piggybacking scenario”.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **In principle, periodic face-to-face meetings and regular conference calls would significantly improve the communication within the network. However, it has to be agreed on the specific modalities of these meetings and conference calls.**

Recent developments concerning the GPS Key Indicator in Bosnia and Herzegovina

GPS/Survey data results

Last general population surveys in RS and FBiH were conducted in 2011. The surveys used different methodologies and sampled different age groups, so the results cannot be reliably compared. The European School Survey Project on Alcohol and Other Drugs (ESPAD [<http://www.espad.org/>]) was carried out in 2008 for the first time in BiH. Another round of ESPAD survey was conducted in RS during spring 2011, and in FBiH in autumn 2011.

Detail results were presented in second chapter of National Report for BiH, 2014.

Meeting preparation

- Year of the next national GPS survey in your country? **No information**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Last GPS were conducted in 2011, EMCDDA module was not used.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module?
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys?
- What do you think should be the way forward for the GPS indicator in the medium and long term?
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Web platform will be useful tool for speeding information's and experiences among all interested parties who are involved in planning methodology and conducting GPS surveys.**

Recent developments concerning the GPS Key Indicator in Former Yugoslav Republic of Macedonia

GPS/Survey data results

There is a growing trend, identified in the last period, related to the use of more psychoactive substances at the same time, including medicines containing psychoactive substances. There is also an emerging trend, as in the EU, of new psychoactive substances. From a survey conducted on 246 respondents in the period from May to November 2012, in cooperation with the Ministry of Health and Ministry of Internal Affairs, the notion that the use of multiple drug at the same time is very common, was confirmed, that despite heroin there is a use of other psychoactive substances such as marijuana, as well as drugs in the benzodiazepine group. There is an increased use of drug with foil and input on drug (heroin) with snuffing, that reduces the risk of using non-sterile material, damage to veins and their infection, and numerous other complications of incorrect input of a substance in the body are reduced. Therefore, the possibility of transmission of various types of infections and blood-borne diseases to others is also reduced. This can be linked with the success of the programs for damage reduction implemented by several NGOs for many years in the Republic of Macedonia, aimed, among other things, at the education of heroin addicts on as much as possible damage reduction from heroin use and HIV / AIDS prevention. Another research, published in 2013, was conducted on a national sample of 3897 respondents aged 11, 13 and 15 years, from 120 primary and high schools. The results show that the Republic of Macedonia has the lowest prevalence of marijuana use among children (from the countries in Europe and other HBSC countries). Yet marijuana is more prevalent and more easily available in the direct environment of young people and therefore more students use marijuana. Analyses of data from the National Monitoring Centre for Drug and Drug Addiction, Department of controlled substances, M3, from recent years, show an increase in deaths related to drug, especially to opioid methadone as the most prevalent among women. There is a trend of reducing the age of minors who use drug. Increased diversification of supply routes of drug appears, due to increasing interaction and collaboration between organized criminal groups. This is a consequence of globalization, the drug market is more dynamic and innovative and criminal groups quickly respond to the challenges. Recently there is a significant increase in cannabis trafficking through the territory of the Republic of Macedonia. From controlled substances (in the UN conventions), there is an abuse of opiates for pain relief from intense sports training, incentives to increase alertness, to reduce fatigue and increase endurance (amphetamine, cocaine, ecstasy, ephedrine). There is a use of Gamma Hydro butyric acid, to release growth hormone. Some products used by body builders in the gym are consumed by injections thus they are prone to greater risk of blood-borne diseases, as the heroin addicts are.

Meeting preparation

- Year of the next national GPS survey in your country? **Next year – 2017, Republic of Macedonia will conduct a General Population Survey for the first time.**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Given the fact that we have not conducted any General Population Survey so far, data are not available for comparison.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Given the fact that we have not conducted any General Population Survey so far, data are not available for comparison.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **Given the fact that we have not conducted any General Population Survey so far, data are not available for comparison.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **Researches dedicated to the dynamics of illegal drug markets, including changes the routes for transporting drug across the border of drug trafficking, the use of new communication technologies etc. Furthermore, researches aimed at the awareness and the level of education of the population about the harmful effects of addiction and drug use, availability and effectiveness of prevention programs and access to effective program for the treatment of drug**

addiction should be a focus. The social reintegration of persons with developed drug addiction should not be neglected in the researches.

- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Web platform, accessible anytime and anywhere, would be a great way for experts to be able to continuously communicate and exchange data throughout the year. It should be deployed on dedicated servers, monitored and maintained by experienced server administrators, so that security is not an issue with the sensitive data shared among experts.**

Recent developments concerning the GPS Key Indicator in Israel

GPS/Survey data results

There is an increase in cannabis use among youth and young adults following the decline in perception of risk. This is attributed to the increase in public debate around legalization and the significant advance in Israel regarding the use of cannabis for medical purposes.

For example, adolescent cannabis use increased from about 6% to about 10% since 2011.

Meeting preparation

- Year of the next national GPS survey in your country? **Currently in the field - 2016**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **Yes we do collect data on perceived availability.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **We do collect data on NPS and we are looking into adopting the EMQ model.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **We have been collecting alcohol questions since 1994. Are basic package is based on the HBSC and USA-NCHS surveys. We are currently learning the RARHA model to see how we can make our data compatible.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **In addition to monitoring the trends of drug and alcohol behaviours and perceptions, I would like to see much more work being carried out cross nationally, looking at social inequality of the burden of substance use with a focus on specific at-risk populations (e.g., immigrants, low family affluence, women, etc. So the use of the data will be much more creative than only publishing and monitoring trends.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **One way to communicate is by getting experts involved in working in small groups on specific topics on which we can publish a series of publications. The engagement of experts in developing these publications and the dissemination of the publications to all the experts will contribute to the communication between the experts.**

Recent developments concerning the GPS Key Indicator in Montenegro

GPS/Survey data results

GPS has not been yet conducted in Montenegro in the full scope. Pilot GPS has been conducted in 2014, in order to test the methodology and the survey instrument. Public Health Institute is currently developing application for the Call for Tender announced by the EMCDDA, for conduction of the full GPS survey that would take place in 2017. Among young people, ESPAD 2015 did not show new trends in drug use, but an increase in the use of most common drugs such as marihuana, inhalants and tranquilisers/sedatives with alcohol.

Meeting preparation

- Year of the next national GPS survey in your country? **2017**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **GPS has never been conducted before in a form of a full survey. Pilot GPS survey has been conducted in 2014. EMCDDA modules on perceived availability were used in the pilot survey, and will also be included in the full survey questionnaire.**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **In the pilot GPS survey in 2013, EMQ module on NPS has been included. It will also be included in the full survey in 2017.**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No, as in 2014 when the pilot GPS was implemented, RARHA project was in development phase, too. Some 10-12 questions will be included in the national questionnaire in the full GPS survey in 2017.**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **The same, conducting population surveys once in a four years. And linking the data with the data received through other methodologies.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Regular expert meetings and potentially web platform. Skype conference calls is not convenient for everybody as it requires strong technical background and internet connections which is not always available.**

Recent developments concerning the GPS Key Indicator in Serbia

GPS/Survey data results

N.A

Meeting preparation

- Year of the next national GPS survey in your country? **It should be conducted in 2018 but depends on availability of resources. School survey is planned for 2017 but also depends on the allocation of resources (decision will be made till the end of 2016)**
- Do you routinely collect data on perceived availability in your general population survey? And do you use the EMCDDA module? **First GPS in line with EMCDDA recommendations was conducted in 2014 and EMCDDA module on perceived availability was used**
- Have you included the voluntary EMQ module on NPS in recent general population surveys? And do you use the EMCDDA module? **Yes, and it was based on the EMCDDA recommendations**
- Have you included any of the alcohol questions developed by the RARHA project in recent general population surveys? **No, but alcohol questions was based on the SMART project (JA)**
- What do you think should be the way forward for the GPS indicator in the medium and long term? **If not yet developed, I think that set of questions on e-cigarette use should be prepared and added after the set of questions on smoking. It is important, for example, because of the use of e cigarette devices for marijuana smoking. In addition, it is challenging to obtain comparable data on this because of the differences in devices in terms of devices themselves, cartridges and patterns of use.**
- How do you think the communication with the expert network could be improved? Regular skype conference calls? Web platform? Give us your views. **Maybe newsletter which should be distributed to researchers through GPS experts' networks. The content should be based on experiences from specific the most recent GPS implementations. Also, publications for which GPS data are used should be presented and disseminated, maybe info on some grants etc....**
- Other **Maybe it could be useful for countries with limited resources to have short set of questions that should be included in some small scale surveys. For example, we have been conducting omnibus survey on smoking annually, so maybe few questions should be added (for example, how to select the most suitable questions, justification to that in small brochure)**